Application or Docket Number

## PATENT APPLICATION FEE DETERMINATION RECORD

Effective December 29, 1999

CLAIMS AS FILED - PART I									SMALL	ENTITY		OTHER	THAN
FOR			(Column 1)		I NII A	(Column 2)		) . <u>.</u>	TYPE		OR	SMALL	ENTITY
FOR			NUMBER FILED		NU	NUMBER EXTRA			RATE	FEE		RATE	FEE
BASIC FEE				,						345.00	OR		690.00
TOTAL CLAIMS			9	minus 20=		*			X\$ 9=		OR	X\$18=	
INDEPENDENT CLAIMS			<del>[</del>	minus 3 =		*			X39=		OR	X78=	
MULTIPLE DEPENDENT CLAIM PRESENT									+130=		OR	+260=	
* If the difference in column 1 is less than zero, enter "0" in column 2								L	TOTAL	)	OR	TOTAL	C041
CLAIMS AS AMENDED - PART II											2	OTHER	THAN
(Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	SMALL	ENTITY	
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT			HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**	<del> </del>	=		X\$ 9=		OR	X\$18=	
	Independent	*		Minus	***		=		X39=		OR	X78=	
	FIRST PRESE	NIAHC	ON OF MU	JUIPLE DE	PENDEN	CLAIM			+130=		OR	+260=	
								L	TOTAL			TOTAL	<u> </u>
								A	DDIT. FEE	<u> </u>	OR	ADDIT. FEE	
_	<u> </u>		umn 1) AIMS	<u> </u>	(Colui		(Column 3)	1 6	<del></del>	<u> </u>	n 6	<del></del>	·
AMENDMENT B		REM AF	AINING TER IDMENT		NUM PREVIO	BER	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	Independent	<u> -</u>		Minus	***		=		X39=		OR	X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						Ŭ <b>∤</b>						
								L	+130=		OR	+260=	
							•	Α	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Col	umn 1)		(Colu	mn 2)	(Column 3)	_					
AMENDMENT C		REM AF	AIMS AINING TER IDMENT		HIGH NUM PREVIO PAID	BER OUSLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	*		Minus	**		=		X\$ 9=		OR	X\$18=	
	independent	*		Minus	***		=		X39=			X78=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM						]			OR			
	If the enterin select	mn 1 in l	ooo ihaa il	o ontre in act	mn 3 well.	s "n" in an	ump 2		+130=		OR	+260=	
* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.  ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."  ADDIT. FEE  ADDIT. FEE													
***If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, enter "3."  The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.													

## This Form is for INTERNAL PTO USE ONLY It does NOT get mailed to the applicant.

## NOTICE OF FILING / CLAIM FEE(S) DUE (CALCULATION SHEET)

APPLICATION	NUMBER:		<del></del>		·		
		Total Fee	Calcula	ition	ı		
	Fee Code	Total # Claims	Number Extra	X	Fee	Fee	- Total
Ť	Sm./Lg.				Sm. Entity	Lg. Entity	1
Basic Filing Fee	201/101	$\alpha$					. QG6
Total Claims >20	203/103	-20 =	· /	Х			• •
Independent Claims >3	202/102			х			·
Mult. Dep Claim Present	204/104						<u> </u>
Surcharge	205/105						- 130
English Translation	139						
TOTAL FEE CALCULA	ATION						82 C
Fees due upon filing t	he application:						
Total Filing Fees Due	= 5	82	0				
Less Filing Fees Subm	nitted - \$		7 				
BALANCE DUE	= \$	82	<u> </u>	<b>-</b>			
Office of Initial Patent	AL						
oco or tilitial ratent	Examination						

Figure 7

FORM OIPE-RAM-01 (Rev. 12/97)